

REPRESENTATIVE AUTHORITY FORM



Case reference:

Please complete this form if you want to authorise another person to act on your behalf. You could ask a friend, relative or another service provider but check first whether they will charge you for this. You can change or cancel this authority at any time by contacting us on 0203 540 8063.

About you:

Title (Mr/Mrs/Ms/Dr):

Your first name:

Your last name:

Your full postal address:

Your email address:

Your telephone number:

Alternate telephone number:

I/We authorise (The Complainant):

Representative title:

First name:

Last name:

Full postal address:

Email address:

Telephone number:

Alternate telephone number:

To act on my behalf in relation to my complaint about:

I/we understand that any information given to my representative will be deemed to have been given to me/us. This will confirm the representative is entitled to accept any remedy or award provided, if appropriate.

Signature 1

Print name

Date